	ATE OF WISCONSIN, CIRCU	JII COURT,	, MILWAUKEE	COUNTY	For Official Use
IN 7	THE MATTER OF			☐ Amended	
CHI	LD'S FIRST AND LAST NAME Petition for Appointment of Standby				SAMPLE
		lou I E	7	Successor	O/ WII EE
		CHE	CK ONE	Guardian	
				(with hearing)	
CH	ILD'S DATE OF BIRTH		Case No.		
	Date of Birth			<u> </u>	
HNDE	ER OATH, I STATE:				
	I am interested as				
/	a relative. I am related to	the individu	al as RELATIONSHIP TO	CHILD (EXAMPLE: GRA	NDMOTHER, AUNT
CK V	a public official. My autho	rity to act as	s petitioner is	2)	
	Other: NON-RELATIVE (STATE HOW	V YOU KNOW THE CHILL	J)	
	I have exercised due diligen	ce to locate	all interested parties. The	names and mailing addr	esses of all intereste
	parties (including the petitioner) a		s entitled to notice are as	follows:	☐ See attached
	Name		Relationship	Mailing A	ddress
	MOTHER'S NAME		MOTHER	INCLUDE CITY, STATE	E, ZIP CODE
	FATHER'S NAME		FATHER	INCLUDE CITY, STATE	•
CH	CURRENT GUARDIAN		GUARDIAN	INCLUDE CITY, STATE	E, ZIP CODE
E					
J'RE	The following person is nom	inated as:			☐ See attached
KING	Type of Guardian		Name & Mailing A	Address	Phone
	Standby Guardian of the	Person	NAME SEEKING STANI		PHONE NUMBER
				ITV CTATE ZID CODE	
1	Standby Guardian of the		^INCLUDE ADDRESS, C		
7	Standby Guardian of the Successor Guardian of the	Person	NAME SEEKING SUCCE	SSOR GUARDIANSHIP	PHONE NUMBER
7	Standby Guardian of the	Person		SSOR GUARDIANSHIP	PHONE NUMBER
4.	Standby Guardian of the Successor Guardian of the	Person State State	NAME SEEKING SUCCES AINCLUDE ADDRESS, Cost by Proposed Guardian a	SSOR GUARDIANSHIP ITY, STATE, ZIP CODE	PHONE NUMBER
	Standby Guardian of the Successor Guardian of the Successor Guardian of the Successor Guardian of the A sworn and notarized State accompanies this per will be filed at least \$ I request the court appoint a	Person Per	NAME SEEKING SUCCES AINCLUDE ADDRESS, Considerations of the hearing.	SSOR GUARDIANSHIP ITY, STATE, ZIP CODE	PHONE NUMBER
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I REQUEST THE COURT:

- 1. Order a hearing on this petition.
- Make appropriate findings and appointments as requested above.
- 3. Award appropriate fees and costs.

State of					
County of					
Subscribed and sworn to before me on					
Notary Public/Court Official					
Name Printed or Typed					
My commission/term expires:					
Name of Attorney/Petitioner					
Address					
Telephone Number	Bar Number				

► SIGNATURE OF PETITIONER					
Petitioner					
PRINTED NAME OF PETITIONER					
Name Printed or Typed					
STREET ADDRESS					
Address CITY, STATE, ZIP CODE					
OTT, OTATE, ZII GODE					
MUST BE SIGNED					
IN FRONT OF A					
NOTARY PUBLIC!					